

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000057383

1. Entity Name
RICK ROBINSON LANDSCAPING & LAWN SERVICES CO.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 JUL 25 PM 8: 23

Principal Place of Business
6297 BURNSED LANE
MACCLENLY, FL 32063

Mailing Address
PO BOX 1132
MACCLENLY, FL 32063



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07132007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2698487

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, RICK H
2030-2 SOUTHSIDE BLVD
JACKSONVILLE, FL 32216

Name
RICK E. ROBINSON

Street Address (P.O. Box Number is Not Acceptable)
6297 BURNSED LANE

City
MACCLENLY FL Zip Code
32063

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-13-07

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROBINSON, RICK H
PO BOX 1132
MACCLENLY, FL 32063 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100107079401
08/01/07--01040--001 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROBINSON, KIMBERLY A
PO BOX 1132
MACCLENLY, FL 32063 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROBINSON, RICK E
P.O. BOX 1132
MACCLENLY, FL 32063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-07

Date

503-2313

Daytime Phone #